

or Fiscal year beginning _____, 2004 and ending _____, 2005.

Last Name		First Name and Middle Initial		<input type="checkbox"/> Deceased <input type="checkbox"/>	Social Security No.
Spouse's Last Name if Different		Spouse's First Name and Middle Initial			Spouse's Social Security No.
Mailing Address			City	State	Zip Code+4

Filing Status Check One	1. <input type="checkbox"/> Single	2. <input type="checkbox"/> Married filing joint return	3. <input type="checkbox"/> Married and both filing separate returns on this form	4. <input type="checkbox"/> Married and both filing separate returns on separate forms	5. <input type="checkbox"/> Married filing separate return and spouse is not filing	6. <input type="checkbox"/> Head of Household (see instructions)
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Residency Check One	1. <input type="checkbox"/> Resident Full Year	2. <input type="checkbox"/> Nonresident Full Year	3. <input type="checkbox"/> Resident Part Year	Give date of change month year	State moved to:	State moved from:
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Exemptions			Column A (for single joint, separate, or head of household)	Column B (for spouse only when filing separate, and box 3 is checked)															
Regular	65 or Over	Blind																	
1. Yourself <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.																
2. Spouse <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2.	<input type="checkbox"/> 2.															
3. Dependents			<input type="checkbox"/> 3.	<input type="checkbox"/> 3.															
<table border="1"> <thead> <tr> <th>Dependent's Full Name</th> <th>Dependent's Social Security Number</th> <th>Relationship</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Dependent's Full Name	Dependent's Social Security Number	Relationship													<input type="checkbox"/> 4.	<input type="checkbox"/> 4.
Dependent's Full Name	Dependent's Social Security Number	Relationship																	
5. Add lines 1, 2, 3 and 4 (if additional dependents, see instructions)			<input type="checkbox"/> 5.	<input type="checkbox"/> 5.															

Enter amounts reported on federal return

FEDERAL ADJUSTED GROSS INCOME		Round to nearest dollar if no entry leave blank			
6. Wages, salaries, tips, etc. Attach copies of W-2(s) from all states	6.		6.		
7. Taxable interest income Attach Federal Schedule if over \$1,500	7.		7.		
8. Dividend income Attach Federal Schedule if over \$1,500	8.		8.		
9. Net business income (loss) Attach Federal Schedule C or C-EZ	9.		9.		
10. Capital gain (or loss) Attach Federal Schedule D	10.		10.		
11. Supplemental gains (or losses) Attach Federal Form 4797	11.		11.		
12. Rents, royalties, partnerships, estates, trusts, etc. Attach Federal Schedule E and Form 8582 and all K-1's	12.		12.		
13. Total IRA distributions a. <table border="1"><tr><td> </td><td> </td></tr></table> 13b. Taxable amount			13b.		13b.
14. Total pensions and annuities a. <table border="1"><tr><td> </td><td> </td></tr></table> 14b. Taxable amount			14b.		14b.
15. Social security benefits a. <table border="1"><tr><td> </td><td> </td></tr></table> 15b. Taxable amount			15b.		15b.
16. Net farm income (Loss) Attach Federal Schedule F	16.		16.		
17. Other income: State refund _____ alimony _____ unemployment _____ other (specify) _____	17.		17.		
18. Total of lines 6 thru 17 Total ⇒	18.		18.		
19. Adjustments to income. Educator Expense _____ Reservists, etc. _____ IRA _____ Student loan interest _____ Tuition and fees _____ 1/2 SE Tax _____ HSA _____ Moving Expenses _____ SE Health _____ SE, SEP, SIMPLE _____ Early withdrawal penalty _____ Alimony paid _____ Other _____	19.		19.		
20. Federal adjusted gross income (subtract line 19 from line 18) ⇒	20.		20.		

Note: Line 20 must match your federal adjusted gross income

ADDITIONS			
21. Interest and dividends on state, county, or municipal bonds (Non-Montana)	21.		21.
22. Federal income tax refunds/overpayment (see page 3, line 22 on instructions)	22.		22.
23. Other additions, (see page 3, line 23 of instructions) Specify _____	23.		23.
24. Total additions to income (add lines 21 thru 23) Total ⇒	24.		24.
25. Add lines 20 and 24, enter result ⇒	25.		25.

REDUCTIONS			
26. Farm Risk Management Account Attach Form FRM	26.		26.
27. Interest exclusion for elderly	27.		27.
28. Interest exclusion for savings bonds, etc. Specify _____	28.		28.
29. Exempt pension & annuity income, (not soc. sec./disability) Attach Worksheet IV, Page 13	29.		29.
30. Unemployment	30.		30.
31. Medical Care Savings Account Attach Form MSA	31.		31.
32. Family Education Savings Account (Attach name and social security number(s) of beneficiary)	32.		32.
33. First Time Home Buyers Account Attach Form FTB	33.		33.
34. Health care professional loan payment exclusion	34.		34.
35. Other reductions (see page 5, line 35 of instructions). Specify _____	35.		35.
36. Total reductions to income (add lines 26 thru 35) Total ⇒	36.		36.
37. Subtract line 36 from line 25. Enter here and on line 38, page 2.....	37.		37.

Column A (for single
joint, separate, or head
of household)Column B (for spouse
only when filing
separate, and box 3 is
checked)

DEDUCTIONS

EXEMPTIONS

38. Montana adjusted gross income (From line 37)

38. 38.

Deductions Check only one39. (A) Standard deduction: ☐ (A) }
(B) Itemized deductions: ☐ (B) }

39. 39.

40. Subtract line 39 from 38 and enter balance..... ⇒ 40.

40. 40.

Exemptions (All filers are entitled to at least one exemption)

41. Multiply \$1,840 times the number of exemptions on line 5

41. 41.

42. Taxable income. Subtract line 41 from line 40 ⇒ 42.

42. 42.

TAX COMPUTATION

STOP Nonresidents and Part-Year Residents complete and attach Schedules III and IV Form 2A, before proceeding43. Tax from table below. Non/part-year residents enter the amount from line 130, Form 2A
Schedule IV. If line 42 is less than zero, enter zero here.....

43. 43.

44. Tax on lump sum distributions (see instructions for this line). Attach Federal Form 4972

44. 44.

45. Subtotal - Add lines 43 and 44.....

45. 45.

Subtotal ⇒

46. Credits from Form 2A, line 112, Schedule II.....

46. 46.

47. Balance - Subtract line 46 from 45 and enter difference (but not less than zero)..... ⇒ 47.

47. 47.

48. Other tax, penalties and repayment, see page 6 (specify).....

48. 48.

For each of the programs below enter any amount you and your spouse want to contribute.**Enter totals in boxes on line 52 (see instructions for details).**Nongame Wildlife
ProgramChild Abuse
PreventionAgriculture in
Schools

Enter total amount

49.

50.

51.

in boxes.....

52. 52.

53. Total Tax —Add lines 47, 48, and 52.....

53. 53.

54. Combine amounts shown on line 53 columns A and B..... ⇒ 54.

54. 54.

PAYMENTS
AND CREDITS

55. Montana tax withheld..... Attach withholding statements

55. 55.

56. Payments of 2004 estimated tax and amounts credited from previous year

56. 56.

57. Payment made with extension

57. 57.

58. Elderly Homeowner/ Renter Credit Attach Form 2EC

58. 58.

59. Total of lines 55 thru 58.....

59. 59.

60. Combine amounts shown on line 59 columns A and B ⇒ 60.

60. 60.

REFUND
OR AMOUNT
YOU OWE61. If line 60 is larger than line 54 enter the difference. This is your **overpayment**.....

61. 61.

62. Amount on line 61 to be applied to 2005 estimate **62**

63. Enter the amount from line 61 you want refunded to you (refunds more than \$1.00 will be issued)

Refund.....

63. 63.

Refund Returns: Mail to Dept. of Revenue, PO Box 6577, Helena, MT 59604-6577

If you wish to use direct deposit enter your RTN# and ACCT# below. See instructions on page 6.

RTN#

ACCT#

Checking ☐Savings ☐64. If line 54 is larger than line 60 enter **tax due** (If you owe see instructions for this line)

64. 64.

Send your check or money order with payment coupon to: Dept. of Revenue, PO Box 6308, Helena, MT 59604-6308.

If you choose to pay your tax due by credit card visit our website at www.discoveringmontana.com/revenue and enter your confirmation number here. See instructions on page 6.**Tax Due** **64**

- Check this box if at least 2/3 of your gross income is from farming.
(attach breakdown of computations) ☐

- Check here if estimated payments were made using the
annualization method. (Attach Montana Form EST-I) ☐

- Check here if you do not need state income tax forms and instructions
mailed to you next year. Tax forms are also available on the internet. ☐

Underpayment interest

See Worksheet VII, Schedule W... 65. 65.

Late filing penalty-See page 2..... 66. 66.

Late payment penalty-See page 2. 67. 67.

Interest 1% (.01) per month..... 68. 68.

Total of lines 64 through 68 69. 69.

**Extension** - Check this box and attach copies of federal
extension(s) to receive a valid Montana extension.
See Page 2 of instructions for details.PLEASE
SIGN HERE

Name, address and telephone number of preparer

May the DOR discuss this return with the preparer shown above? yes ☐ no ☐

Questions? Please call (406) 444-6900 or TDD (406) 444-2830 for hearing impaired. ☎

X

X

Your signature is required

Date

Daytime telephone number

Spouse signature

Date

I declare under penalty of false swearing that the information in this return and attachments is true, correct and complete.

Tax Table**If Taxable Income is:**

Over	But not over	Multiply by	and Subtract = Tax
\$ 0	\$ 2,300	X ... 2 %	\$ 0
\$ 2,300	\$ 4,600	X ... 3 %	\$ 23
\$ 4,600	\$ 9,200	X ... 4 %	\$ 69
\$ 9,200	\$ 13,800	X ... 5 %	\$ 161
\$ 13,800	\$ 18,400	X ... 6 %	\$ 299

If Taxable Income is:

Over	But not over	Multiply by	and Subtract = Tax
\$ 18,400	\$ 22,900	X ... 7 %	\$ 483
\$ 22,900	\$ 32,100	X ... 8 %	\$ 712
\$ 32,100	\$ 45,900	X ... 9 %	\$ 1,033
\$ 45,900	\$ 80,300	X ... 10 %	\$ 1,492
\$ 80,300		X ... 11 %	\$ 2,295

Example = taxable income \$2,400 x 3% (.03) = \$72 subtract \$23 = \$49 tax**When you file your Montana income tax return electronically you represent that you have retained all documents required as a tax record and that you will provide a copy to the department upon request.**